



State of Arizona
Board of Respiratory Care Examiners
1400 W. Washington, Suite 200
Phoenix, Arizona 85007
(602) 542-5995 FAX (602) 542-5900
www.rb.az.gov

VERIFICATION OF LICENSURE

I am applying for a license to practice Respiratory Care in the State of Arizona. The Arizona Board of Respiratory Care Examiners requires that this form be completed by each jurisdiction in which I hold or have held a license. Please complete the form and return it directly to the Arizona Board of Respiratory Care Examiners at the above address.

Name: _____ State of: _____
Address: _____ License Number: _____

Applicant's Signature: _____

THE INFORMATION BELOW MUST BE COMPLETED BY THE STATE LICENSING BOARD, NOT TO BE COMPLETED BY THE APPLICANT

State of: _____
Name of Licensee: _____
Graduate of: _____
Temporary License _____ Issued Date: _____ Expiration _____
License Number: _____ Issued Date: _____ Expiration: _____

Completion of AMA approved course: _____ By Examination: _____

Has the applicant's license ever been the subject of discipline, censure, probation, practice restriction, suspension, revocation, cancellation, or any other Board order?

____ Yes

____ No

If so, for what reason? Please attach a copy of Order(s): _____

Any other information: _____

Signed _____

[Board Seal] Title _____

State Board _____

Date _____